## Additional file 2 Overview of included studies and number of organisational factors identified in each study

## **Overview of included reviews**

ID number	Review author(s) and title	Policy area	Policy level	Organisational setting	Study objectives	Theoretical framework or approach	Research utilisation measures	No of organisational factors identified
#1	Greenhalgh et al. (2004). Diffusion of Innovations in Service Organisations: Systematic Review and Recommendations. United Kingdom.	Health care	National, regional and local	Health services organisations	To systematically review empirical studies within the health sector, as well as overview articles and "landmark" empirical studies from outside the health sector on the diffusion of service innovations. The aim is to provide insight on how to spread and sustain innovations in health service delivery and organisation.	Diffusion of innovation by Rogers [42]	Diffusion/adoption of innovation	18
#2	Makkar et al (2016). The development of ORACLe: a measure of an organisation's capacity to engage in evidence-informed health policy. Australia. (Mixed-method study including literature review and interviews)	Health	International, validated on a national level	Governmental agencies	To develop a measure of an organisation's capacity to engage in evidence-informed health policy through a literature review, and validated through by interview with senior policy makers in Australian governmental agencies (N=9) and further prioritised through a discrete choice experiment of interviews with identified experts in health research and policy (N=24).	SPIRIT Action Framework by Redman et al. [13]	Organisational capacity to use research	16

42	Triana at al. (2016). Dannia :l	I I a a lala	Fadaval	Netional	To mandant amendated	No francouser!	lles of such a section	112
#3	Tricco et al. (2016). Barriers and	Health	Federal,	National,	To review empirical	No framework,	Use of systematic	12
	facilitators to uptake of	care	provincial,	regional, local	studies on the barriers	only use of the	reviews	
	systematic reviews by policy		regional and	governmental	and facilitators to use of	concept		
	makers and health care managers:		local	authorities	systematic reviews by	knowledge		
	a scoping review.			and agencies	health care managers and	translation		
	Canada.			and service	policy makers using a	without		
				delivery	scoping review method.	reference.		
				organisations	The aim is to develop			
					recommendations for			
					systematic review authors			
					and to inform research			ļ
					efforts to develop and			
					test formats for			
					systematic reviews that			
					may optimise uptake.			
#4	Oliver et al. (2014). A systematic	Multiple	National,	National,	To systematically review	Evidence-	Perceptions of	18
	review of barriers to and	sectors	regional and	regional, local	empirical studies and	informed policy	barriers and	
	facilitators of the use of evidence	(not	local	governmental	systematic reviews about	making	facilitators of	
	by policymakers.	specific		authorities	factors affecting the use	(EIPM)/evidence-	evidence use	
	United Kingdom.	health		and agencies	of evidence in policy. This	based policy		
		focus)		and service	review aimed to update	(EBP) and the		
				delivery	and expand the previous	importance of		
				organisations	review by Innvaer et al.	context		
					(2002) by 1) identifying	(reference to		
					factors which act as	Dobrow et al.		
					barriers to and facilitators	[77]).		
					of the use of evidence in			
					public policy, including			
					factors perceived by			
					different stakeholder			
					groups; and 2) describing			
					the focus, methods,			
					populations, and findings			
					of the new evidence in			
					this area.			

#5	Dobbins et al. (2002). A	Health	Local	Services	To synthesise literature	Diffusion of	Diffusion of	16
	Framework for the Dissemination	care		delivery	from 1) organisational	innovation by	innovation	ļ
	and Utilisation of Research for			•	behaviour, culture, and	Rogers [42]		
	Health-Care Policy and Practice.				decision making from the			
	Canada.				management field; and 2)			
	!				research dissemination,			
	!				utilisation and evidence-			
	!				based practice from the			
	!				health field. The aim is to			
	!				develop a framework for			
	!				research dissemination			
	!				and utilisation that is			
	!				applicable for health			
	!				policy and clinical			
					decision-making.			
#6	Huckel Schneider et al. (2014).	Public	State/Federal	Governmental	1) To review existing	Evidence-	Uptake of research	9
	What are the key organisational	health		agencies	comprehensive reviews	informed policy	in decision making	
	capabilities that facilitate research				to identify organisational	making		
	use in public health policy?				capabilities that were	(EIPM)/evidence-		
	Australia. (Mixed-method study				reported as having the	based policy		
	including literature review and				potential to facilitate	(EBP) and the		
	survey)				research use in policy	importance of		
	!				decision making. 2) To	context		
	!				test the validity of the	(reference to		
	!				organisational capabilities	Dobrow, Goel		
	1				among selected policy	and Upshur		
	1				makers; whether these	[78]), no		
	1				capabilities are relevant,	reference or		
	1				practical and applicable in	theory referring		
	1				real world policy settings.	to organisational		
						capabilities.		

#7	Contandriopoulos et al. (2010). Knowledge Exchange Processes in Organisations and Policy Arenas: A Narrative Systematic Review of the Literature. Canada.	Multiple sectors (not specific health focus)	Unable to extract information	Policy arenas	To systematically survey and review documents that made a core contribution, either conceptually or empirically, to the understanding of collective-level interventions aimed at influencing policymaking or organisational behaviour though knowledge exchange, and especially about the contextual conditions affecting their efficacy. The aim is to strengthen understanding of the processes in such	Develop of own concept 'collective-level knowledge use', which is the process by which the users incorporate research products into action proposals to influence others' thoughts and practices), multiple references used to support the concept.	Policy process theories/policy communities and networks/knowledge and research utilisation	10
#8	Moore et al. (2011). What works to increase the use of research in population health policy and programmes: a review. Australia.	Population health	National, regional and local	Governmental and non-governmental agencies.	interventions.  To review empirical studies that evaluate intervention strategies designed to increase the use of evidence from research in population health policy. This review builds on and extends previous analyses (Innvaer et al, 2002; Mitton et al, 2007). The aim is to provide a detailed picture of what is known about the effectiveness of strategies to increase the use of research in policy and the implications for future directions in the development and testing of new intervention strategies in this area.	No theoretical framework used, no explicit approach either.	Effectiveness of strategies to increase the use of research in policy	12

#9	Mitton et al. (2007). Knowledge Transfer and Exchange: Review and Synthesis of the Literature. Canada.	Health	Federal, district and local	Federal, provincial and local health organisations	To examine and summarize the current evidence base for knowledge translation and exchange (KTE) in relation to health policy to create an evidence-based resource for planning KTE processes. The focus is on studies of KTE that could have either an impact on or implications for health care policies at an organisational, regional, provincial, and/or federal level.	Knowledge transfer and exchange approach, which they characterise as an interactive interchange of knowledge between research users and researcher producers, reference to Kiefer et al. [79]	Barriers and facilitators of KTE and effectiveness of KTE interventions on research use in general	9
#10	Walter, Nutley, and Davies (2005). What works to promote evidence-based practice? A cross-sector review. United Kingdom.	Health care, social care, education, criminal justice	National, regional, local	Service organisations	To systematically review current evidence about what works to promote the use of research from across four key sectors: Healthcare, social care, education and criminal justice. The review is an update of a previous systematic review (Walter et al, 2003). The focus is on the key mechanisms that explicitly or implicitly underpin different approaches to implementing evidence-based policy and practice. The review includes only articles that evaluated or reviewed evaluations of interventions to enhance the use of research, leaving out a previous focus on articles concerning barriers and enablers to research use.	Evidence-based policy and practice, and the underpinning mechanisms and resources which leads to change (reference to Pawson [80])	Changes in access to research, knowledge and understanding, attitudes and beliefs, behaviour, outcomes for service users	9

					The aim is to draw out key lessons about effective methods for implementing evidence-based policy and practice.			
#11	Williamson et al. (2015). How Can the Use of Evidence in Mental Health Policy Be Increased? A Systematic Review. Australia.	Mental health	National, regional and local	Regional and local authorities and agencies and service delivery organisations	To systematically review intervention studies that included a component aimed at increasing use of evidence in mental health policy. The aim is to explore what is known about the effectiveness of strategies to increase the use of research in mental health policies.	SPIRIT Action Framework by Redman et al. (citation above)	Effectiveness of intervention strategies to increase research use in policy making or service delivery	7
#12	Liverani, Hawkins, and Parkhurst (2013). Political and Institutional Influences on the Use of Evidence in Public Health Policy. A Systematic Review. United Kingdom.	Public health	International, national, regional and local	Unable to extract information	To systematically review empirical studies that examine the complex interface between politics, policy, and the use of evidence. The aim is to identify what is currently known about the ways in which political factors shape the uptake and use of evidence in health policy making.	EIPM/EBP and the political contestation of policy issues. Reference to Lasswell [81], and Barnes and Parkhurst [82].	Uptake of research in decision making	3
#13	Morgan (2010). Evidence-based health policy: A preliminary systematic review. United Kingdom.	Health	National, regional and local	Federal, provincial and local health organisations	To systematically review published reviews on evidence based health policy. The aim is to identify some of the underpinning factors that promote the development of evidence-based health policy.	Evidence-based health policy (reference to Kemm [83])	Promotion of evidence-based policy	1

#14	Orton et al. (2011). The Use of	Public	International,	Public, private,	To synthesise the	EIPM/EBP and	Extent, type, process	2
	Research Evidence in Public	health	national,	and third	evidence from empirical	the complex	of research evidence	
	Health Decision Making		regional and	sector	studies on how research	environment of	use, and barriers and	
	Processes: Systematic Review.		local	organisations	evidence is used by public	decision making.	facilitators of	
	United Kingdom.			in a range of	health decision makers.		research evidence	
				sectors	The aim is to provide an		use	
				pertinent to	overview of the extent,			
				public health	type, process of use,			
					other factors influencing			
					the decision-making			
					process; and barriers to			
					and facilitators of the use			
					of research evidence.			

## **Overview of included empirical studies**

ID num ber	Empirical study authors and title	Study design	Study objective	Organisation al setting	Policy area	Policy level	Study population	Theoretical framework or approach	Utilization measures	No of organisati onal factors identified
15	Albert, Fretheim and Maïga (2007). Factors influencing the utilization of research findings by health policy-makers in a developing country: the selection of Mali's essential medicines. Mali.	Case study	To explore factors influencing research use in developing countries by examining the policymaking process for a pharmaceutical policy common in developing countries; an essential medicines list.	National commission	Health care	National/fede ral	Civil servants, external policy advisors	Knowledge and research utilisation	Perception of use in the policymaking	6

16	Armstrong et al. (2013). Knowledge translation strategies to improve the use of evidence in public health decision making in local government: intervention design and implementation plan. Australia.	Case study	To develop a knowledge translation intervention for public health decision making in local government.	Local government	Population health	District/local	Civil servants	Diffusion of innovations theory, research utilization theory, and KT frameworks	The impact of the KT intervention on individuals' confidence, skills, and access to RE	
17	Atkins et al. (2017). Reversing the pipeline? Implementing public health evidence-based guidance in English local government. UK.	Case study	To investigate three aspects of implementing national evidence-based recommendations for public health within a local government context: 1) influences on implementation, 2) how useful guidelines are perceived to be and 3) whether the linear evidence-guidelines-practice model is considered relevant.	Local government	Population health	District/local	Civil servants	Implementati on	Perception of use in the policymaking	3
18	Belkhodja et al. (2007). The extent and organizational determinants of research utilization in Canadian health services organizations. Canada.	Survey	Individual and organisational factors influencing the use of research by managers and professionals in Canadian health service organizations (ministries, regional authorities, and hospitals).	Provincial ministries, governmental agencies, regional health authorities and hospitals	Preventive health and health care	State/regiona I and local	Civil servants	Knowledge and research utilisation	Stages of knowledge utilisation within the last 5 years	9

19	Brennan et al. (2016).	Case study	To investigate	Governmenta	Preventive	National/fede	Civil servants	The	Perception of	12
13	Design and formative	case stady	perceptions of the	Lagencies	health and	ral	CIVII SCI VAIICS	theoretical	use in the	12
	evaluation of the Policy		Policy Liaison	ragencies	health care	Tai		domains	policymaking	
	Liaison Initiative: A		Initiative (PLI) - a		incartif care			framework	policymaking	
	long-term knowledge		long-term knowledge					(factors from		
	translation strategy to		translation initiative					behavioural		
	encourage and support		designed to support					theory		
	the use of Cochrane		the use of Cochrane					thought to		
	systematic reviews for		systematic reviews in					influence		
	informing health policy.		health policy - and its					professional		
	Australia.		potential to enable					practice)		
	, tusti una.		research use.					practice		
20	Cherney et al. (2015).	Survey	To examine how	State and	Multiple	State/provinci	Civil servants	Knowledge	Perceived use	7
	Use of academic social		certain preferences,	federal	sectors (not	al/regional	orri ser varies	transfer and	of academic	
	research by public		constraints and	central and	specific	a., . eg.ea.		exchange	products or	
	officials: Exploring		organisational	line agencies	health focus)			exeriarige	outputs	
	preferences and		factors influence the	e agentica	,				within the	
	constraints that impact		ways in which policy						last 12	
	on research use.		personnel seek out						months to	
	Australia.		and use academic						understand	
			social research.						policy or	
									programme	
21	Dobbins et al. (2001).	Survey	To determine the	Regional	Population	State/regiona	Civil servants	Diffusion of	Perception of	7
	Factors of the		extent to which five	health unit	health	I and local		innovations	use in the	
	innovation,		systematic reviews of					theory/Resea	policymaking	
	organization,		public health					rch utilisation		
	environment, and		interventions							
	individual that predict		influenced public							
	the influence five		health decisions and							
	systematic reviews had		which factors were							
	on public health		associated with							
	decisions.		influencing these							
	Canada.		decisions.							

22	El-Jardali et al. (2012). Use of health systems evidence by policymakers in eastern Mediterranean countries: views, practices, and contextual influences. Algeria, Bahrain, Jordan, Lebanon, Oman, Pakistan, Palestine, Sudan, Tunisia, Yemen.	Survey	To explore policymakers' views and practices regarding the use of health systems evidence in health policymaking in 10 eastern Mediterranean countries, including factors that influence health policymaking and barriers and facilitators to the use	Ministries, NGOs, professional associations, and donor agencies	Population health	National/fede ral	Civil servants, managers from NGOs, professional advocacy groups and donor agencies	Knowledge translation	Perception of use in the policymaking	3
23	Elliott and Popay (2000). How are policy makers using evidence? Models of research utilisation and local NHS policy making. UK.	Case study	of evidence.  To identify factors that facilitate or impede evidence-based policy making at a local level in the UK National Health Service (NHS).	Authority	Health care	State/regiona I and local	Civil servants	Weiss' problem solving model and Giden's dialogical model of research utilization	Development of guidelines, contracts and user information	5
24	Fazli et al. (2017). Identifying mechanisms for facilitating knowledge to action strategies targeting the built environment. Canada.	Case study	1) To identify the knowledge gaps and other barriers to evidence-based decision-making and policy development related to the built environment 2) To identify the policy development infrastructure, processes and mechanisms needed to drive policy changes in this area.	Ministries, regional and municipal departments, non-profit professional organizations and peer review granting agencies	Built environment (public health, urban planning, and transportatio n)	National, state/regional and local	Civil servants, external policy advisors	Knowledge to Action Framework	Perception of use in the policymaking	1

25	Hardy et al. (2015). Promoting evidence- based decision making in a local health department, Pueblo city-County, Colorado. USA.	Field/quasi- experiment	To monitor and evaluate the impact of a systematic approach to implement evidence-based decision making in the Pueblo City-County Health Department, Pueblo, Colorado.	Local government	Population health	District/local	Civil servants	Evidence- based decision making/admi nistrative evidence- based practices	Impact of EBDM training on a set of AEBPs and EBDM skills	3
26	Hawkes et al. (2016). Strengthening capacity to apply health research evidence in policy making: experience from four countries. Bangladesh, Gambia, India, Nigeria.	Field/quasi- experiment	1) To strengthening the individual, organizational and institutional capacity of policy makers to use research in lowand middle- income countries. 2) To evaluate five capacity building projects (in Bangladesh, Gambia, India and Nigeria).	Parliament, ministry, health care district/local level health care departments	Health care	National and local	Politicians, civil servants, external policy advisors incl. researchers, others	Evidence- informed policy making/Indivi dual, organizational and institutional capacity (United National Development Programme)	Impact of research capacity building on understandin g of process and impact, changes in knowledge, attitudes and practice, and evidence referred to in Parliamentary discussions	3
27	Hutchinson et al. (2011). National policy development for cotrimoxazole prophylaxis in Malawi, Uganda and Zambia: the relationship between context, evidence and links. Malawi, Uganda and Zambia (only data extracted from Malawi).	Case study	To examine the influence of context (including the influence of donor agencies), evidence (both local and international), and the links between researcher, policy makers and those seeking to influence the policy process in three cases of national policy development on cotrimoxazole preventive therapy (CPT).	Ministry	Population health	National/fede ral	Civil servants, researchers and funding agencies	ODI RAPID Framework for analysing policy making in developing countries in relation to evidence, context, and links	Uptake of research in decision making	2

28	Imani-Nasab et al. (2014). Development of evidence-based health policy documents in developing countries: a case of Iran. Iran.	Case study	To examine the barriers and facilitators in developing evidence-based health policy documents from the perspective of their producers in a developing country.	Ministry	Population health	National/fede ral	Civil servants	Theory of Planned Behaviour	Production of internal evidence documents	5
30	Jbilou, Amara and Landry (2007). Research-based- decision-making in Canadian health organizations: a behavioural approach. Canada.	Survey	To explore the determinants of research-based-decision-making as a personal behaviour among managers and professionals in health administrations in Canada.	Ministry, Federal and Provincial agencies, regional health service agencies, health care units, and other	Preventive health and health care	National and local	Civil servants	Behavioural theories	Research Based Decision Making (5 levels of adoption)	8
31	Kothari et al. (2009). Is research working for you? Validating a tool to examine the capacity of health organizations to use research. Canada.	Mixed- method study (survey/self- assessment questionnaire and focus group interviews)	1) To determine whether the tool 'Is research working for you? A self-assessment tool and discussion guide for health services management and policy organizations', developed by the Canadian Health Services Research Foundation, demonstrated response variability. 2) To determine how the tool differentiated between organizations that were known to be lower-end or higherend research users.	Federal government, long-term care organizations, non-governmental organizations, and community-based organizations	Preventive health and health care	National and local	Civil servants and NGO employees	Diffusion of Innovations theory*	Organizationa I research capacity	4

			3) To determine the potential usability of the tool.							
32	Landry, Lamari and Amara (2003). The Extent and Determinants of the Utilization of University Research in Government Agencies. Canada.	Survey	To analyse the what extent is university research used in government agencies? Are there differences between the policy domains in regard to the extent of use? What determines the use of university research in government agencies?	Governmenta I agencies	Multiple sectors (not specific health focus)	National and state/regional	Civil servants	Knowledge utilisation	Stages of knowledge utilisation within the last 12 months	6
33	Larsen, Gulis and Pedersen (2012). Use of evidence in local public health work in Denmark. Denmark.	Survey	To investigate how and on which level evidence is used in policy processes related to local public health work in Denmark.	Local government	Population health	District/local	Civil servants	Not Applicable	Perception of use in the policymaking	3
34	Laws et al. (2013). Utilization of a population health survey in policy and practice: A case study. Australia.	Case study	To analyse how the findings from an Australian population monitoring survey series of children's weight and weight-related behaviors (Schools Physical Activity and Nutrition Survey (SPANS)) have been used, and the key facilitators and	National, regional, local governmental authorities and agencies and service delivery organisations	Population health	State/provinci al/regional	Civil servants and researchers	Framework by Banzi et al. on five broad research impact categories	Perceptions and documentatio n of impact on a range of areas incl. policy and practice	7

			barriers to their utilization.							
35	Lomas and Brown (2009). Research and advice giving: a functional view of evidence-informed policy advice in a Canadian Ministry of Health. Australia.	Case study (review of theoretical models and interview with civil servants)	To determine the applicability of evidence-based medicine to health policy based on a review of existing models and exploring the functional roles for research-based evidence in policy advice in the in the Ontario Ministry of Health.	Ministry	Population health	State/provinci al/regional	Civil servants	Functional view of Research Use in Policy Framework by Lomas and Brown	Evidence- based policy development	9
36	Mwendera et al. (2016). Facilitating factors and barriers to malaria research utilization for policy development in Malawi. Malawi.	Case study	To assess enhancing factors and barriers of research utilization for malaria policy development in Malawi.	Ministry, National Malarial Control Programme Center, research institutions and stakeholder organisations (only coded for MoH and NMCP)	Population health	National/fede ral	Civil servants, researchers and international stakeholders (e.g. WHO, USAID, etc.)	The Ottawa Model of Research Use (OMRU) by Logan and Graham guiding the development of KT strategies for the improvement of health service in developing countries	Perceived barriers and facilitators of malaria research utilisation	5

37	Nabyonga-Orem et al. (2014). Malaria treatment policy change in Uganda: what role did evidence play? Uganda.	Case study	To explore the role of evidence, barriers, and factors facilitating the uptake of evidence in the change in malaria treatment policy in Uganda.	Ministry of Health, Medical and drug agencies, district health services clinics	Preventive health and health care	National and local	Civil servants, service managers, clinicians, fields workers, researchers, and other stakeholders	Middle Range Theory outlining the main facilitating factors for translating evidence into health policy in developing countries	Uptake of research in decision making	9
38	Newman (2014). Revisiting the "two communities" metaphor of research utilisation. Australia	Survey	To investigate the two communities' metaphor by comparing the personal and professional characteristics of Australian public servants who claim to use research in their policy work with the characteristics of those who claim not to use research.	Governmenta I agencies	Multiple sectors (not specific health focus)	State/provinci al/regional	Civil servants	The hypothesis of two kind of policy workers by Cunningham and Wescler (2002)	How civil servants value and use academic research in the course of their policy- related work	5
39	Nutley, Walter and Bland (2002). The Institutional arrangements for connecting evidence and policy: the case of drug misuse. UK.	Case study	To examine the development of new institutional arrangements for linking research evidence and policy on drug misuse in England and in Scotland.	Ministry and governmental agencies	Population health	National/fede ral	Civil servants, service managers, clinicians, fields workers, researchers, and other stakeholders	Six institutional propositions that encourage research use for policy making (condensed from Weiss's ten hypotheses from 1999)	Uptake of research in all stages of policy making from agenda setting/modification of existing policy to implementati on of research when implementing the policy	6

40	Oh (1996).	Mixed-	To empirically	The Congress,	Mental health	National,	Civil servants,	Integrated	Decision	3
40	Information searching	method study	investigate the	the	ivientai neattii	state/regional	external	model of	makers'	3
	in governmental	method study	causality among	Department		and local	policy	knowledge	search for	
	bureaucracies: An		factors involved in	of Health and		and local	advisors	utilisation	sources of	
			the bureaucratic				auvisors			
	integrated model.			Human				(The rational	research	
	USA.		information	Services,				action	information	
			searching process	Community				approach, the	separated	
			and to test an	Mental				organisational	into internal	
			integrated model of	Health				interests	and external	
			information	Centres and				approach, the	sources	
			searching that	other service				two-		
			contains four sets of	agencies, and				communities		
			primary variables:	advocacy				approach)		
			decision makers'	groups						
			environments (i.e.,							
			nature of policy							
			issues), organization,							
			individual							
			characteristics, and							
			characteristics of							
			information.							
			Based on the							
			conceptual							
			framework, a path							
			model is built and							
			tested against data							
			about knowledge							
			utilization and policy							
			change in two areas							
			of mental health							
			policy (i.e., service							
			and financing).							
41	Oh and Rich (1996).	Survey	Same as above, just	Ministry,	Mental health	National,	Civil servants,	Knowledge	Reference to	3
	Explaining use of		with another	federal and		state/regional	external	utilization/Ins	different	
	information in public		utilisation measure)	state		and local	policy	titutional,	types of	
	policymaking.			departments,			advisors	organizational	research	
	USA.			advocacy				approach	within the	
				organizations					past year to	
									help make	
									decisions	

42	Peirson et al. (2012).	Case study	To explore and	Regional	Population	District/local	Civil servants	Evidence-	State of EIDM	12
44	Building capacity for	case study	describe critical	health unit	health	District/local	Civii Sei vailts	informed	activity,	12
	evidence informed		factors and dynamics	nealth unit	Health			decision	activity,	
	decision making in		in the early					making by	dynamics	
	public health: a case		implementation of					NCCMT,	involved in	
	· ·									
	study of organisational change.		one public health unit's strategic					Integrated knowledge	organisational change to	
	Canada.		initiative to develop					translation,	_	
	Canada.							,	promote	
			capacity to make					Organisationa	EIDM, and	
			evidence-informed					I capacity	changes in	
			decision making						the presence	
			standard practice.						of evidence	
									and EIDM	
									over time	_
43	Percy-Smith, Speller	Case study	To review the	Authority	Preventive	National and	Civil servants,	Evidence-	Perception of	3
	and Nutley (2006).		Evidence Informed		health and	local	external	informed	use in the	
	Evidence informed		Policy and Practice		health care		policy	policy/Knowl	policymaking	
	policy and practice: A		(EIPP) initiatives in				advisors	edge		
	review of approaches		health improvement					translation/In		
	used in health		in Scotland.					dividual and		
	improvement in							organisational		
	Scotland.							learning		
	UK.									
44	Reul (2015).	Case study	To provide details of	State health	Population	State/provinci	Civil servants	Evidence-	Evidence-	7
	Introduction to		several	agency	health	al/regional		based/inform	based policy	
	evidence-based		organisational					ed	development	
	decision making in a		characteristics and					policymaking		
	public workers'		process solutions							
	compensation agency.		that have permitted							
	United States.		the agency to							
			implement evidence-							
			based coverage							
			policies.							

45	Tabak et al. (2016). Assessing capacity for sustainability of effective programs and policies in local health departments. USA.	Case study	To explore the applicability of the Program Sustainability Framework in highand low-capacity LHDs as defined by the US national performance standards.	PH Departments	Population health	District/local	Civil servants	Program Sustainability Framework (Organization al capacity, program adaption and evaluation, communicati ons, strategic planning, funding stability, environmenta I support, partnerships),	Capacity for sustainable EB programs and policies	11
46	Trostle, Bronfman and Langer (1999). How do researchers influence decision-makers? Case studies of Mexican policies. Mexico.	Case study	To reconstruct the processes through which research was used to make decisions and policies; to characterize these processes; and to identify the elements that enable or impede the transfer of research results.	Parliament, ministry, health care district/local level health care departments	Population health	National, state/regional and local	Civil servants, researchers and funding agencies	Framework by Walt and Gilson on how to analyse policy cases according to content, and actors, the process and the context [84].	Factors enabling or promoting and impeding research/poli cy interactions	3
47	Twose et al. (2008). Public health practitioners' information access and use patterns in the Maryland (USA) public health departments of Anne Arundel and Wicomico Counties.	Mixed- method study	To assess enhancing factors and barriers of research utilisation for malaria policy development in Malawi.	PH Departments	Population health	District/local	Civil servants	Evidence- based public health	Self-reported impacts of literature retrieved through library services on policy decisions	3

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	USA.									
48	van de Goor et al. (2017). Determinants of evidence use in public health policy making: Results from a study across six EU countries. Finland, Italy, Romania, UK, The Netherlands, Denmark.	Case study	To map facilitators and barriers in the use of evidence in developing health enhancing physical activity policies in six European countries.	National, regional and local governments, public agencies and other stakeholder agencies	Population health	National, state/regional and local	Civil servants, researchers and other policy actors	Evidence- informed decision making/ policy making	Perceptions of barriers and facilitators of evidence use	8
49	Van der Arend (2014). Bridging the research/ policy gap: policy officials' perspectives on the barriers and facilitators to effective links between academic and policy worlds. Australia.	Mixed- method study (survey and interviews)	To explore the nature, functions and relevance of linkages between academics and public servants in supporting research transfer and uptake. Based on survey and interview data of policy officials' experiences around the availability and use of academic social research.	Governmenta I agencies	Multiple sectors (not specific health focus)	National and state/regional	Civil servants	Policy and research linkages (multiple references used to support concept). Two-communities metaphor by Caplan (1979) [85] and Wingens (1990) [86]).	Instrumental, conceptual and symbolic use of research, linking relations, and facilitators and barriers to effective linkages	13

50	von Lengerke et al. (2004). Research utilisation and the impact of health promotion policy. Belgium, Finland, Germany, The Netherlands, Spain, Switzerland.	Survey	To test the assumption that research utilisation is positively associated with policy impact only if both political will (i.e., policy opportunities) and social strategies (in intervention and implementation) are present.	Health ministries, local public health departments, public and private health insurance companies, and other service delivery and professional networks	Population health	National, state/regional and local	Policy makers from public, private and third sectors having the professional responsibility for a policy in one's organisation or agency	Two theoretical models of health promotion policy determinants (Richmond & Kotelchuck 1983; Rütten et al. 2000; 2003)	Policy makers report if etiological, behavioural and epidemiologic al research has been takes into account for strategy actions	4
51	Wye et al. (2015). Evidence based policy making and the 'art' of commissioning – how English healthcare commissioners access and use information and academic research in 'real life' decisionmaking: an empirical qualitative study.  UK.	Case study	To learn how academic research can influence policy by exploring health care commissioning in England, commissioners' information seeking behaviour and the role of research in their decisions.	Local NHS Clinical Commissionin g Groups	Health care	District/local	Civil servants and general practitioners (clinical commissioner s)	Evidence- informed decision making/ policy making	Reported and verified use of research evidence in decision making	6
52	Yost et al. (2014). Tools to support evidence-informed public health decision making. Canada.	Case study	To test a seven-step method and tools to develop capacity for evidence-informed decision making.	PH Departments	Population health	District/local	Civil servants	Knowledge transfer and exchange	Perception of use of supporting tools for EIDM	4
53	Zardo and Collie (2014). Predicting research use in a public health policy environment: results of a logistic regression analysis. Australia.	Survey	To quantitatively assess and identify factors that predict research use in specific public health policy environments on the individual, organisational and external level.	Governmenta I agencies	Population health	National/fede ral	Civil servants	Evidence- informed public health policy/Individ ual and organisational factors	Perception of use in the policymaking	3

54	Zardo and Collie	Survey	To quantitatively	Governmenta	Population	National/fede	Civil servants	Evidence-	Perception of	3
	(2015).		measure the	I agencies	health	ral		informed	use in the	
	Type, frequency and		frequency and					decision	policymaking	
	purpose of information		purpose of use of					making/Resea		
	used to inform public		research evidence in					rch		
	health policy and		comparison to use of					translation		
	program decision-		other information							
	making.		types in two							
	Australia.		government public							
			health agencies							
			(environment,							
			workplace and							
			transport injury							
			prevention and							
			rehabilitation							
			compensation).							
55	Zardo, Collie and	Field/quasi-	To qualitatively	State health	Population	State/provinci	Civil servants	Evidence-	Decision	9
	Livingstone (2015).	experiment	examine the	agency	health	al/regional		informed	making (RE	
	Organisational factors		everyday practice of					decision	use indirectly)	
	affecting policy and		government policy					making/Resea		
	programme decision		and programme					rch		
	making in a public		decision making in					translation		
	health policy		types in two							
	environment.		government public							
	Australia.		health agencies							
			(same as above).							